

5. Assessment and Care Planning

To receive Medicaid reimbursement for providing ACH/PC, you must assess the resident's need for personal care assistance by the following time frames:

- within 72 hours from the date of admission;
- whenever there is a "significant change" (as defined in the Glossary in Appendix A) in the resident's condition; and
- at least annually.

The purpose of this assessment process is to evaluate the resident's physical and/or mental abilities and limitations, identify any personal care tasks that the resident needs assistance with, and develop a care plan for meeting the individual's personal care needs. The assessment is conducted by the administrator, or a person designated by the administrator.

5.1 Documenting Assessment Findings and Developing a Care Plan

To document your assessment findings and develop a care plan, you may use the "Adult Care Home Personal Care Physician Authorization and Care Plan" form (DMA-3050). A sample copy of a DMA-3050 is in Appendix G. For guidance on assessing the resident's personal care needs and developing a care plan, refer to the instructions for completing the DMA-3050 in Appendix H. You may request copies of the DMA-3050 at no charge from Electronic Data Systems (EDS). The address and telephone number for EDS are in Appendix B.

Note: Instead of using the DMA-3050, you may also develop and use your facility's own authorization and care plan form, but your form must provide the same information as the DMA-3050 about the resident's abilities and limitations, need for assistance with personal care tasks, and your plans for meeting those needs. If you use another authorization and care plan form, it must also include the same certification statements as in the DMA-3050 from you, the assessor, and the physician authorizing the service. The form must be approved by the Department of Health and Human Services.

5.1.1 Assessor's Certification

Once you have completed the assessment of the resident's personal care needs and developed a care plan for the resident, type or print your name, sign the certification statement, and enter the date you signed the form. By doing this, you certify that you completed the assessment of the resident's level of functioning, found that the resident needs personal care assistance, and developed the care plan to meet those needs.

By signing and dating the authorization and care plan form, you have also started the annual reassessment cycle for the resident's ACH/PC coverage. The annual assessment is discussed in Section 5.3 below.

Once you have signed and dated the authorization and care plan form, make a copy for your records and send the original form to the resident's attending physician.

5.1.2 Physician's Certification and Authorization

Your authorization and care plan form must be certified and ACH/PC authorized by the resident's physician within 15 calendar days from the date of the assessment. This certification means the resident is under the physician's care and has a medical

diagnosis with associated physical and/or mental limitations that warrant assistance with personal care tasks as outlined in the resident's care plan. The physician authorizes ACH/PC by signing and dating the authorization and care plan form. The physician then returns the signed form to you.

Note: A stamped signature is not acceptable. However, you may obtain the physician's certification and authorization of the resident's ACH/PC care plan verbally according to the licensure rules under which the adult care home is licensed. The authorization and care plan form must then be counter-signed by the physician to confirm the verbal orders within the time limit allowed in the licensure rules.

5.2 Significant Change in the Resident's Condition

If a resident experiences a "significant change" (as defined in the Glossary in Appendix A) in condition, you must refer the resident to the resident's physician or other appropriate licensed health professional, such as a mental health professional, nurse practitioner, physician assistant or registered nurse, in a timely manner consistent with the resident's condition, but no longer than 10 calendar days from the date the significant change occurred. Document in the resident's records the date and reason for the referral, who made the referral, and who was contacted.

5.2.1 Reassessment

You must also conduct a reassessment of the resident's functional status within 10 calendar days of a significant change in the resident's condition. You may use the DMA-3050 or your own authorization and care plan form to document your reassessment findings.

5.2.2 Changing the Care Plan

A significant change in the resident's condition may result in a change in the resident's personal care needs. The adult care home and the resident's physician are both responsible for adjusting the care plan as a resident's personal care needs change. Review the reassessment findings and the resident's current care plan with the physician to determine if the care plan should be revised or if the resident needs a different level of care. If a change in tasks is needed, prepare a new care plan. Document the outcome of the review in the resident's records. Get the physician's authorization and signature on the new care plan within 15 calendar days from the date of the reassessment.

Note: At times, the personal care assistance provided by your staff may differ from the tasks assigned and/or days scheduled in the care plan due to a temporary change in the resident's condition. If such a temporary change in needs occurs, note in the resident's records what was done differently and the reason for the change - you do not have to change the care plan.

5.3 Annual Assessment

Before a resident receives ACH/PC coverage for more than a calendar year, you must assure the resident's continuing need for the service. The administrator, or a person designated by the administrator, must complete a new assessment of the resident's needs and, if assistance with personal care is needed, develop a new care plan and get a physician's authorization for the service at least annually. Follow the instructions for documenting assessment findings and developing the care plan outlined in Section 4.1 and Appendix H. The resident's physician must certify the continuing need for ACH/PC by signing and dating the new authorization and care plan form before the service is provided beyond 365 days from the date of the last assessment.

Example A: *The initial assessment of Mrs. Barnes' personal care needs and care plan was completed and the certification statement signed by the administrator on October 10, 1997. At the end of the year, Mrs. Barnes is still a resident of the home and continues to need assistance with her personal care. A new assessment, care plan, and physician's authorization must be obtained before ACH/PC can be provided after October 9, 1998.*

Example B: *The annual reassessment of Mr. Knight's personal care needs and care plan was completed and the certification statement signed by the administrator on December 31, 1997. At the end of the year, Mr. Knight is still a resident of the home and continues to need assistance with his personal care. Another assessment, care plan, and physician's authorization must be obtained before ACH/PC can be provided after December 30, 1998.*

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